**Parish of ………………**

**Volunteer Application Form  
CHILDREN AND YOUNG PEOPLE**

**OTHER INFORMATION**

**PLEASE OUTLINE ANY OTHER INFORMATION RELEVANT TO THIS ROLE (***e.g. Medical conditions or allergies)*

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**LEADERSHIP ROLE**

**PLEASE OUTLINE THE GROUP(S) AND LEADERSHIP ROLE(S) YOU WOULD LIKE TO UNDERTAKE AS A LEADER**

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**WHY DO YOU WANT TO UNDERTAKE THIS ROLE(S)?**

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***TO BE COMPLETED BY THE APPLICANT*Parish of ………………**

**CONTACT DETAILS**

**FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F:\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CONTACT No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS NAME** (IF DIFFERENT TO ABOVE)? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPERIENCE**

**PLEASE HIGHLIGHT ANY EXPERIENCE OF WORKING WITH CHILDREN AND/OR YOUNG PEOPLE IN A PAID OR VOLUNTARY CAPACITY. GIVE OUTLINE DATES IF POSSIBLE.**

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**DECLARATIONS**

The Church has a policy on the recruitment of ex-offenders which is available from a member of the parish panel on request.

Have you ever been convicted of a Criminal offence or been the subject of a caution or bound over order? **YES NO**

If yes, please list below the nature and date(s) of the offence.

**NATURE OF OFFENCE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to Access NI Vetting being undertaken for the role for which I have applied. **YES NO**

I confirm that nothing in my personal or professional background deems me unsuitable for a post, **YES NO**

which involves working with children

I acknowledge that I have read sections 4-7 of Safeguarding Trust *Policy* and declare I will uphold

this policy in the role(s) I have applied for. (An up-to-date copy of the policy can be found on **YES NO** *https://www.ireland.anglican.org/about/safeguarding/)*

I shall uphold the requirements of the role and exercise a duty to care for any children in my charge.**YES NO**

***General Data Protection Regulation (GDPR):*** *We are committed to protecting your personal information. By completing and signing this form you are confirming that you are consenting to the parish holding and processing your personal data, including training for the purpose of contacting you by post, phone or electronically with regard to church activities. If you have any questions about how we process your personal date contact a member of the Select Vestry.*

**NAME (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEXT STEPS**

*Please return this form to a member of the Parish Panel, they will contact you to arrange an informal interview.*

*With this application form you should have received a* ***Pin Notification and ID Validation Form.*** *Please complete the instructions on this in regard to Access NI vetting and bring the form (and supporting document originals) to the interview.*

***Please note that a leadership role can only be undertaken once the Parish Panel have formally approved it.***

**REFERENCES**

*Please provide the names and addresses of two people who we could contact for a reference (not relatives).*

**(1) FIRST REFEREE (2) SECOND REFEREE**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING DECLARATION**

*If you have not undertaken any Safeguarding Trust training please leave this section blank.*

I have attended training which has introduced me to the Church of Ireland Safeguarding Trust and the recommended procedures to be followed when working with children have been explained to me.

**DATE OF TRAINING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VENUE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Volunteer Application Form**

***\*\*\*TO BE COMPLETED BY THE PARISH PANEL\*\*\****

**NOTES:**

***Interviews for Access:NI checks do not need to be ‘re-done’ if a volunteer has been vetted before for the parish and continued to work in parish activities. However, should you wish to do checks again for long-serving volunteers this is at your discretion and should take place in the context of a new interview.***

***If a break of 6 months or more occurs in any volunteer’s service then a new interview and vetting process should be undertaken.***

**APPLICATION AND VALIDATION FORMS:**

**DATE APPLICATION FORMS RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORMS COMPLETE? YES / NO**

**PANEL INTERVIEW:** *(Or refresher interview if the volunteer has been in the role previously)*

**PANEL MEMBER (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PANEL MEMBER (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PANEL MEMBER (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF INTERVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***RECOMMENDATION*** (circle): **APPROVED / NOT APPROVED / DEFERRED**

**NOTES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**REFERENCES:**

**REFERENCE (1) RECEIVED: YES / NO REFERENCE (2) RECEIVED YES / NO**

**REFERENCE (1) FOLLOWED UP: YES / NO REFERENCE (2) FOLLOWED UP: YES / NO**

**OUTLINE THE GROUP(S) AND LEADERSHIP ROLE(S) YOU WOULD LIKE TO UNDERTAKE AS A LEADER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VETTING CLEARANCE:**

***Once the vetting process has taken place the applicant will be issued with a digital Access:NI certificate, that they may share with you on-line, or a physical certificate that they may show you in person. Volunteers should not be undertaking any work until this is received.***

***Please note below the date of receiving the certificate. If any information to debar appointment is shown please contact the Church of Ireland Safeguarding Officer.***

**DATE ACCESS NI VETTING DATE ON THE**

**DISCLOSURE RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY INFORMATION TO DEBAR APPOINTMENT? YES / NO**

**ACCESS NI VETTING:**

**PLEASE COPY THE 10 DIGIT ACCESS NI REFERENCE NUMBER FROM THE APPLICANT’S VALIDATION FORM**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**CONFIRMATION THAT THE ORIGINALS OF IDENTITY DOCUMENTS HAVE BEEN RECEIVED & COPIED**

*(These should be as per the document guidance and named in the section below. Most applicants will only need 3 documents.*

*A* ***copy*** *of the originals identity documents should be taken, either physically or digitally and sent to the Church of Ireland vetting office along with the applicant’s original Pin Notification and Validation form.*

**1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(If necessary)***

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE(INCUMBENT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENCEMENT IN ROLE**

*(Date volunteer can start their work)*

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECISION NOTIFIED** (circle):

**APPOINTED**

**NOT APPOINTED**

**TRAINING:**

*(Safeguarding Trust training must be completed within 12 months of appointment)*

**TRAINING DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VENUE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**